Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	or th	e 2008 calendar year, or tax year begin	ning	07/	ol, 2008, a	nd ending	(06/30 ,20 09
В	heck if ap		REN'S HOS	SPITAL	OF BALTI	MORE CI	TY D Employer iden	tification number
Г	Addre						52-05915	592
		change print or Number and street (or P.O. box it	f mail is not delive	ered to street	address)	Room/su	ite E Telephone nun	nber
Г	Initial	return See 2401 WEST BELVEDER	E AVENUE				(410)60	1-5653
	Termi	Specific City or town, state or country, and	ZIP + 4					
	Amen	ided tions. DATTIMODE MD 2121	5				G Gross receipts	\$ NONE
	Applic	F Name and address of principal office	cer: WARREN	GREEN			H(a) Is this a group affiliates?	return for Yes X No
L	peno	2401 WEST BELVEDERE AVI			MD 2121	5	H(b) Are all affiliates	s included? Yes No
ī	Tax-ex	empt status: X 501(c)(3) ◀ (insert no.		,	527		If "No," attach	a list. (see instructions)
J	Websi	1 121-37,5 / 1		7.71			H(c) Group exemption	on number > N/A
<u>к</u>			Association	Other >		L Year of for	mation: 2003 M SI	······································
D	idU	Summary		1				
	T			_44!, ;!4!				
	1	Briefly describe the organization's mission or TO SUPPORT SINAL HOSPITAL (
ဗ္								
nar		ORGANIZATIONS						
Governance	_	Check this box if the organization di				f more then	EV of its assats	
တိ	2	-				A IIIOIE UIAII Z		3 3
≪ර ග		Number of voting members of the governing						4 NONE
Activities	4	Number of independent voting members of the Total number of employees (Part V, line 2a).	ne governing b	looy (Failt i			CIRE COPY	
;ţ:	5				they must be they bear 11.			5 NONE
Ă		Total number of volunteers (estimate if necess						6 NONE
	1	Total gross unrelated business revenue from I						'a NONE
	b	Net unrelated business taxable income from f	Form 990-T, lin	e 34				'b NONE
						}	Prior Year	Current Year
ē	8	Contribution and grants (Part VIII, line 1h)				}	NOI	
eni	9	Program service revenue (Part VIII, line 2g)					NOI	NE NONE
Revenue	10	Investment income (Part VIII, column (A), line					ION	NE NONE
	11	Other revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c	, and 11e)			232	2. NONE
	12	Total revenue - add lines 8 through 11 (must					232	2. NONE
	13	Grants and similar amounts paid (Part IX, colu					NOI	NE NONE
	14	Benefits paid to or for members (Part IX, column	mn (A), line 4)				NOI	NE NONE
U)	15	Salaries, other compensation, employee bene					NOI	NE NONE
Sus	16a	Professional fundraising fees (Part IX, column					NOI	NE NONE
Expenses	· b	Total fundraising expenses, Part IX, column (D	0), line 25) ▶ _					
ш	17	Other expenses (Part IX, column (A), lines 11a	a-11d, 11f-24f)				233	2. NONE
	18	Total expenses. Add lines 13-17 (must equal	Part IX, column	n (A), line 2	5)		232	2. NONE
	19	Revenue less expenses. Subtract line 18 from	line 12					NONE
sets or	3						Beginning of Year	r End of Year
sets	20	Total assets (Part X, line 16)		<i>.</i>		[NOI	NE NONE
Aga	21	Total liabilities (Part X, line 26)					NOI	NE NONE
Net Ass	22	Net assets or fund balances. Subtract line 21	from line 20.				пои	NE NONE
	TGII.	Signature Block						
		Under penalties of perjury, I declare that I have	examined this r	etum, inclu	ding accompany	ying schedules	and statements, and I	to the best of my knowledge
		and belief, it is true, correct, and complete. De	claration of prep	oarer (other	than officer) is	based on all	information of which	preparer has any knowledge.
5	Sign	lel (Va	A C				2	112/10
	lere	Signature of officer					Date	
		haples Of	2 LAND	O	C'	-0		
		Type or print name and title				·····		
		Preparer's A			Date	Check		rer's identifying number
Pai	d	signature	\wedge		15/7/1	self- emplo		nstructions) P00451522
	parer's	I Firm's name (or yours L'EDMC TTD					EIN 🕨	13-5565207
Use	Only	if self-employed), address, and ZIP + 4 1660 INTERNATIONAL I	ORTHE MOTERN	MP 33103	-4848		Phone no. ▶	703-286-8000
Ma	y the I	RS discuss this return with the preparer show						. X Yes No

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

organization Return OMB No. 1545-1709

Department of the Internal Revenue S		•	File a separate application for each return.	•
		Automatic 3-Mont	th Extension, complete only Part I and check this box	<u> </u>
 If you are find the property of t	iling for ar	n Additional (Not An Inless you have alre	utomatic) 3-Month Extension, complete only Part II (on page 2 of tady been granted an automatic 3-month extension on a previously t	his form). īled Form 8868.
			of Time. Only submit original (no copies needed).	
			nd requesting an automatic 6-month extension - check this box and	complete
	•			' ▶ □
All other corp			filers), partnerships, REMICs, and trusts must use Form 7004 to	request an extension of
Electronic Filin one of the re- electronically i returns, or a co	ng <i>(e-file)</i> . turns note if (1) you omposite	. Generally, you can ed below (6 month want the additional or consolidated Fro	n electronically file Form 8868 if you want a 3-month automatic his for a corporation required to file Form 990-T). However, you al (not automatic) 3-month extension or (2) you file Forms 990-Blom 990-T. Instead, you must submit the fully completed and signeding of this form, visit www.irs.gov/efile and click on e-file for Charities	cannot file Form 8868 , 6069, or 8870, group d page 2 (Part II) of Form
Type or	Name of	Exempt Organization	Emplo	yer identification number
print	CH]	LDREN'S HOSP	ITAL OF BALTIMORE CITY, INC. 52	-0591592
File by the	Number,	street, and room or s	uite no. If a P.O. box, see instructions.	
due date for filing your)1 WEST BELVE		
return. See	City, tow	n or post office, state	, and ZIP code. For a foreign address, see instructions.	
instructions.		TIMORE, MD 2		
		o be filed (file a sep	parate application for each return):	
X Form 990			Form 990-T (corporation) Form 4720	•
Form 990			Form 990-T (sec. 401(a) or 408(a) trust) Form 5227	
Form 990			Form 990-T (trust other than above)	
Form 990	-PF		Form 1041-A Form 8870	
		care of ► <u>NANC</u> 410 601-5653	Y KANE FAX No. ▶	
 If this is for 	r a Group	Return, enter the or	j	
		nembers the extens		n a ust with the
1 I reques	st an a	utomatic 3-month 02/15 ,2010 n's return for:	(6 months for a corporation required to file Form 990 , to file the exempt organization return for the organization named	
×		beginning	07/01, 2008, and ending06/	30,2009 .
				nge in accounting period
		is for Form 990-Bl dits. See instruction	_, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less ar s.	y 3a \$ NONE
			or 990-T, enter any refundable credits and estimated tax payment	
			nent allowed as a credit.	3b \$ NONE
			ine 3a. Include your payment with this form, or, if required, depos	it 💮
with FTI	O coupor	or, if required,	by using EFTPS (Electronic Federal Tax Payment System). Se	e 🤲
instructio	ns.			3c \$ NONE
Caution If you	are going	r to make an electr	onic fund withdrawal with this Form 8868, see Form 8453-FO and F	orm 8879-FO

for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Form 88	968 (Rev. 4-2009)				Page 2
e If v	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II a	nd check this box .		. ▶ X
Note.	Only complete Part II if you have already been granted an automatic 3-month ex	tension o	n a previously filed f	Form 8868	
	ou are filing for an Automatic 3-Month Extension, complete only Part ! (on page				
Carr	Additional (Not Automatic) 3-Month Extension of Time. Only	ile the d	original (no copi	es neede	ed)
	Name of Exempt Organization		Employer identifica	ation numbe	er
Type print	CHILDREN'S HOSPITAL OF BALTIMORE CITY, INC.	:	52-0591592		
•	Number street and room or suite no. If a P.O. box see instructions	1. 74. 2.1	For IRS use only		
File by extende	od 0401 weem betweeper Avenue				
due da filing th	NG (V)				
return. instruc	See				
	k type of return to be filed (File a separate application for each return):	L			
x	Form 990 Form 990-PF	П	Form 1041-A	For	m 6069
H	Form 990-BL Form 990-T (sec, 401(a) or 408(a) trust)		Form 4720	For	m 8870
\vdash	Form 990-EZ Form 990-T (trust other than above)		Form 5227	Inches I	
STOP	Pl Do not complete Part II if you were not already granted an automatic 3-mo	nth exter		sly filed F	orm 8868.
	e books are in the care of ► NANCY KANE				
	lephone No. ▶ 410 601-5653 FAX No. ▶				
a If t	the organization does not have an office or place of business in the United States, of	check this	box		⊳□
a If ti	his is for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemption Numb	er (GEN)	N/A . If th	ils is	
forth	the whole group, check this box	box	▶ and attach		
list wi	ith the names and EINs of all members the extension is for.			•	
	I request an additional 3-month extension of time until 05/15/2010				
	For calendar year , or other tax year beginning 07/01/2008	and en	ding 06/30/20	109	_
		 Final retu	urn Change	in accoun	iting period
	State in detail why you need the extension <u>INFORMATION NECESSARY TO</u>	PREPA	-		
	ACCURATE RETURN IS NOT YET AVAILABLE.				
	ACCORATE RESORT TO NOT THE INVESTMENT.				
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentativ	e tax, less any		
U.S	nonrefundable credits. See instructions.			8a \$	NONE
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credits	and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit				
	previously with Form 8868.			8b \$	NONE
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form	or, if re	quired, deposit		
•	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S			8c \$	
	Signature and Verificatio				NONE
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules a	nd stateme	nts, and to the best of	my knowled	ige and belief.
	ie, correct, and complete, and that I em authorized to prepare this form.				
		Λ			
Signat	ure A A Title A ()	4	Date D	<u> </u>	(Rev. 4-2009)
		·		Form 8888	(Rev. 4-2009)

KPMG LLP 1660 INTERNATIONAL DRIVE MCLEAN, VA 22102-4848

JSA 8E1020 1.000

Par	M Checklist of Required Schedules			
HET-IR'S	Checklist of Required Schedules	T	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	L. Collection A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	- 21	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			11
J		3		<u> </u>
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
*		4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	m + 10 10 100 NZ - 12 P 11.	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
14	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
		24c		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			_
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
JSA 8E102	1,000	Form	990	(2008)

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Form 990 (2008) Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			3848
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity) 11.365, etc.	
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			- 21
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х

Form **990** (2008)

LEI	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE	TANK.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	0.000	1002 eur 1012 eur	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶		Section 1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		Section of	
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		MAK	
	benefit contract?	7e	\vdash	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\vdash \vdash \vdash$	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		1 1	İ
	required?	7h	144005-0	A1 53 54
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	1200	ASES.	
_	organization, have excess business holdings at any time during the year?	8	2 2 2 2	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			Ya wati
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	erede redelpte, metaded err. erm ees, r art erm, into 12, for public dec er clab facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
40-		1000		11:13
ıza b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year.	12a		1,415,41

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		Jaffin.	
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during	4 3 3		
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		_X
Secti	on B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_MD,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: ▶NANCY KANE 2401 WEST BELVEDERE AVENUE, BALTIMORE MD , 21215			
	410-601-5653			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average	Posit	ion ((Chec		that app	ıly)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
WARREN A GREEN PRESIDENT	1.	Х		х				NONE	1,757,610.	247,133.
CHARLES ORLANDO VP/TREASURER	1.	X		х				NONE		131,797.
JOEL SULDAN VP/SECRETARY	1.	Х		Х		·		NONE		68,230.

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il s	(A)	(B)			((C)			(D)		E) (F)		
	Name and title	Average hours per week	hours per 역 및 교 및 역 및 및 및 Compensation compens		ated tions	amo o compo fro orgai and	mated punt of ther ensation m the nization related izations						
			,										
							,						
													•
											, '		
1 b	Total						A	D	NONE	2,965	.773	Δ	47,160.
2	Total number of individuals (including those organization ► NONE	e in 1a) w	vho r	ece	ivec	i m	ore t	han	\$100,000 in re				
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schede	er, directoule J for suc	or or ch ind	tru İvidi	uste ual	e, I	key e	emp	oloyee, or highes	t compens	ated	3	Yes No
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	0,00	0?	If "Y	'es, "	' complete Sched	ule J for	such	4	x
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	atio	n fro	om	any unrelated o	rganizatior	for	5	X
Sec	ction B. Independent Contractors	oompioto c	201104	0.0	- 10		on po		<u>, , , , , , , , , , , , , , , , , , , </u>		• • •		
1	Complete this table for your five highest compensation from the organization.	compensat	ted in	dep	eno	dent	con	trac	tors that received	d more th	an \$10	0,000	of
	(A) Name and business add	ress							(B) Description of se	vices	C	(C) compens	ation
2	Total number of independent contractors (i	ncluding th	hose	in '	1) v	vho	rece	eive	d more than \$10	0,000 in			
	compensation from the organization	NONE											

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Par	t VIII	Statement of Reven	ue		52-0591592								
and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
nts ts	1 a	Federated campaigns	<u>1a</u>	NONE				Ž.					
, gifts, grants ilar amounts	b	Membership dues	1b										
ts, c	С	Fundraising events	1c					40 12 27 17					
gif ilar	d	Related organizations	1d					1					
Contributions, and other simil	е	Government grants (contribu	ıtions) 1e										
outi	f	All other contributions, gifts, gran											
향		and similar amounts not included	above . 1f										
Cor	g	Noncash contributions included					annoniuo dentuminin parineris principarinin	- caronament property and construction					
	h_	Total. Add lines 1a-1f		Business Code	NONE								
Service Revenue				Busiless Code	Andreas Commission Commission (Commission Commission Co		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Alexandra de la companya del companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya					
Re	2a												
ice	b												
er	c d	***************************************											
E	e	**************************************		***************************************									
Program	f	All other program service rev	/enite										
Pro	g	Total. Add lines 2a-2f			NONE								
	3	Investment income (includin											
		other similar amounts)	-		NONE								
	4	Income from investment of t			NONE								
	5	Royalties			NONE								
			(i) Real	(ii) Personal									
	6a	Gross Rents	***************************************										
	b	Less: rental expenses			(Section 1)								
	С	Rental income or (loss)		1									
	d	Net rental income or (loss) .			NONE								
	7a	Gross amount from sales of	(i) Securities	(ii) Other									
		assets other than inventory											
	b	Less: cost or other basis											
	1	and sales expenses	i										
	C	Gain or (loss)						and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s					
	d	Net gain or (loss)			NONE	The Property of the States							
•	8 a	Gross income from f	undraising										
une		events (not including \$	U 4-X										
eve		of contributions reported on											
ir.	b	See Part IV, line 18 Less: direct expenses		1									
Other Reve	C	Net income or (loss) from full			NONE	And a figure of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	man and groupe continues and a continues of	and the section of the section of the Co					
J	9a	Gross income from gaming a	_			y a Marking to the first		\$24 A 1 E 1.					
	""	See Part IV, line 19											
	b	Less: direct expenses		1									
	С	Net income or (loss) from ga			NONE								
	10a	Gross sales of invent	ory, less				THE KIND VALUE						
		returns and allowances											
	b	Less: cost of goods sold	t	,									
	С	Net income or (loss) from sa	les of inventory.	<u> ▶</u>	NONE								
		Miscellaneous Reven	nue	Business Code									
	11a					***********							
	b												
	С												
	d	All other revenue											
	е	Total. Add lines 11a-11d .		,	NONE								
	12	Total Revenue. Add lines 1h											
	ı	9c, 10c, and 11e			NONE		NONE	1					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE		i o no nei o liega sappinente lestro. O Santo siege dia 1980 di 1990 di	
4	Benefits paid to or for members	NONE			# 1 + 3 * 6 * 4 (* 4) (* 4) (* 4) (* 4) (* 4) (* 4)
5	Compensation of current officers, directors,	NONE			
_	trustees, and key employees	NONE			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan contributions (include section 401	NONE			
0	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (non-employees):	HOND			
	Management	NONE		,	
	Legal	NONE			
	Accounting	NONE		1.00	1
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
g	Other	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	NONE			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	NONE			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)			1.	
2					
Ч					
e					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	NONE			
26	Joint Costs. Check here ▶ ☐ If following			· ·	
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				<u> </u>

Forr	n 990 (2008)	52-0591592			[Page 11
Pē	ırt X	Balance Sheet					
			(A) Beginning of year		Er	(B) nd of ye	ar
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section		1.50			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II				de ter	
		of Schedule L		6			
ξţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
Ä	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost basis 10a					BRE
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D		10c			
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	NONE	16			NONE
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
S	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
ab		highest compensated employees, and disqualified persons. Complete Part II					
_		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	NONE	26			NONE
nces		Organizations that follow SFAS 117, check here ▶ 🔯 and complete lines 27 through 29, and lines 33 and 34.					
ä		Unrestricted net assets		27			
Ba	28	Temporarily restricted net assets		28			
nd	29	Permanently restricted net assets		29			
or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
žt.	32	Retained earnings, endowment, accumulated income, or other funds		32			
ž	33	Total net assets or fund balances	110111				NONE
Show The last	34	Total liabilities and net assets/fund balances	NONE	34			NONE
LE	art XI	Financial Statements and Reporting					
					Γ	Yes	No No
1		ounting method used to prepare the Form 990: Cash Accrual Oth					
2a		e the organization's financial statements compiled or reviewed by an independent accoun			1	la	X
b		e the organization's financial statements audited by an independent accountant?			2	2b	<u> </u>
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	-				
2-		t, review, or compilation of its financial statements and selection of an independent accounts			2	C	
sа		result of a federal award, was the organization required to undergo an audit or audits as					
h		Single Audit Act and OMB Circular A-133?			<u> </u>	a	<u> </u>
IJ	11 1	es," did the organization undergo the required audit or audits?			• • 3	b	1

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

 \blacktriangleright Attach to Form 990 or Form 990-EZ. $\,\blacktriangleright$ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of t	he organization	n						Employe	er identifica	ation number
CHILDE	EN'S HOS	PITAL OF BA	LTIMORE CITY,	INC.					52-05	591592
Parel	Reason fo	or Public Char	ity Status (All organ	izations m	ust comp	lete this	part.) (se	e instru		
The orga	nization is no	t a private found	dation because it is: (P	lease check	only one o	organizati	on.)	VI.A		
1	A church, co	onvention of chu	rches, or association	of churches	s described	in sectio	n 170(b)	(1)(A)(i).		
2			on 170(b)(1)(A)(ii). (At							
3			hospital service organ			ction 170	(b)(1)(A)	(iii). (Atta	ch Sched	dule H.)
4			zation operated in co							
		ame, city, and sta								/(- ·/(-·//- =-///
5	An organiza	ation operated for	or the benefit of a col	llege or un	iversity ow	ned or o	perated I	by a gove	ernmental	I unit described i
e 🗀		(b)(1)(A)(iv). (C	•				70/1-1/41/	A \ / \		
6			vernment or governme							
7			Illy receives a substan		its suppor	t from a (governme	ental unit	or from	the general publi
• [(1)(A)(vi). (Complete F							
8			d in section 170(b)(1)							
9			Illy receives: (1) more							
			ited to its exempt fun							
			ment income and un						511 tax)) from businesse
			n after June 30, 1975.							
			and operated exclusive							
11 <u>X</u>			and operated exclus							
			ublicly supported orga							
			at describes the type of							
	a Typ	_			e III - Fund					ype III - Other
e X			ertify that the organiz							
			ion managers and oth	er than on	e or more	publicly s	supported	d organiz	ations de	escribed in section
		section 509(a)(•							
f			d a written determina	tion from	the IRS tha	atitis a	Type I,	Type II o	r Type III	supporting
	-	ı, check this box								
g	Since Augus following pe		the organization acce	pted any g	ift or contri	bution fro	m any of	the		
	(i) A pers	on who directly	or indirectly controls	, either al	one or tog	ether wit	h persor	s describ	oed in (ii)	Yes No
			erning body of the sup							
	(ii) A family	y member of a p	person described in (i) a	bove?						11g(ii) X
			of a person described							11g(iii) X
h			ation about the organi							. <u> </u>
(i) Name	of supported	(ii) ElN	(iii) Type of organization	F	organization	[ou notify	(vi) I	s the	(vii) Amount of
	anization	, ,	(described on lines 1-9	in col. (i) lis	sted in your	the organ	nization in	organizat	tion in col.	support
			above or IRC section (see instructions))	governing	document?	col. (i)			zed in the S.?	
			,	Yes	No	Yes	No	Yes	No	
SEE S	TATEMENT	2								
										<i>'</i>
Fotal										
· -									l	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 52-0591592 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) PartII (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4. Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources......... Net income from unrelated business activities, whether or not the business is Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported

Schedule A	(Form	990 or	990-EZ	200

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	ılendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")			•			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
,							
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		L				
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Sources						
n	•						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b			~			
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	· ·						
	loss from the sale of capital assets						
	(Explain in Part IV.)			***************************************			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2008 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2007 Scho	edule A, Part IV-A,	line 27g			16	%
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2008 (li	ne 10c, column (f) divided by line 1	3, column (f))		17 .	%
18	Investment income percentage from 2007					18	%
	33 1/3% support tests - 2008. If the org					L	
. J u	17 is not more than 33 1/3 %, check this bo						
h	33 1/3% support tests - 2007. If the orga						
D	line 18 is not more than 33 1/3 %, check thi						
			ere ineundanizai				

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Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2	8008				52-05915	92			Page 4
Part IV	Supplemental Part II, line 17a	Information. or 17b; or Pa	Complete this art III, line 12. Pr	part to provide any	orovide the other addit	explanation ional inform	required ation. (see	by Part II, instructions)	line 1	0;
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Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHILDREN'S HOSPITAL OF BALTIMORE CITY, INC.

Part | Questions Regarding Compensation | S2-0591592

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	<u> X</u>	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract		1.14	
	Independent compensation consultant Compensation survey or study		100	
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		-	
а		4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	-		
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:		·	
а	The organization?	5a		Х
b	,	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b		6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	<u> </u>	X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008 52-0591592

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WARREN A GREEN	(ii)	714,782.	707,553.	335,275.	151,709.	95,424.	2,004,743.	208,712.
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHARLES ORLANDO	(ii)	381,468.	306,403.	6,601.	80,871.	50,926.	826,269.	NONE
	(i)	NONE	NONE	NONE NONE	NONE	NONE	NONE_	NONE
JOEL SULDAN	(ii)	276,630.	237,061.	NONE	31,127.	37,103.	581,921.	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
_SUPPLEMENTAL_NONQUALIFED_RETIREMENT_PLAN
SCHEDULE J, LINE 4B
DURING THE YEAR, MR GREEN PARTICIPATED IN A LIFEBRIDGE HEALTH SPONSORED
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED A PAYOUT OF
_\$333,748. MR. ORLANDO AND MR. SULDAN ALSO PARTICIPATED IN THE RETIREMENT
PLAN BUT DID NOT RECEIVE PAYMENTS.
COMPENSATION PROVIDED BY RELATED ORGANIZATIONS
MR. GREEN'S COMPENSATION WAS PAID BY SINAI HOSPITAL OF BALTIMORE. HE
RECEIVED COMPENSATION AS PRESIDENT / CEO LIFEBRIDGE HEALTH, INC., NOT AS
A DIRECTOR. BONUS AND INCENTIVE COMPENSATION INCLUDES \$396,206 FROM THE
EXECUTIVE LONG-TERM INCENTIVE PLAN, COVERING FISCAL YEARS 2006 THROUGH
2008.
\$985 WAS PAID BY SINAI HOSPITAL OF BALTIMORE FOR MR. GREEN'S MEMBERSHIP
AT CENTER CLUB.

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
MR. ORLANDO RECEIVED COMPENSATION AS CFO FOR LIFEBRIDGE HEALTH, INC. HIS
COMPENSATION WAS PAID BY SINAI HOSPITAL OF BALTIMORE, INC. BONUS AND
INCENTIVE COMPENSATION INCLUDES \$162,400 FROM THE EXECUTIVE LONG-TERM
INCENTIVE PLAN, COVERING FISCAL YEARS 2006 THROUGH 2008.
MR. SULDAN RECEIVED COMPENSATION AS VP AND GENERAL COUNSEL FOR LIFEBRIDGE
HEALTH, INC. HIS COMPENSATION WAS PAID BY SINAI HOSPITAL OF BALTIMORE,
INC. BONUS AND INCENTIVE COMPENSATION INCLUDES \$139,140 FROM THE
EXECUTIVE LONG-TERM INCENTIVE PLAN, COVERING FISCAL YEARS 2006 THROUGH
2008.

Department of the Treasury

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
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Internal Revenue Service Inspection Name of the organization Employer identification number CHILDREN'S HOSPITAL OF BALTIMORE CITY, INC. 52-0591592 SCHEDULE O DISCLOSURES FIN 48 FOOTNOTE PER CONSOLIDATED AUDIT REPORT THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF <u> LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES. IN JULY 2006, THE FINANCIAL</u> ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FIN 48 REQUIRES THAT THE CORPORATION RECOGNIZE THE IMPACT OF AN UNCERTAIN TAX POSITION IN ITS FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE CORPORATION ADOPTED FIN 48 DURING 2008 AND THE IMPACT WAS IMMATERIAL TO THE FINANCIAL STATEMENTS. CONSOLIDATED FINANCIAL STATEMENT AUDIT FORM 990, PART IV, LINE 12 LIFEBRIDGE HEALTH, INC. AND SUBSIDIARIES ARE INCLUDED IN A CONSOLIDATED FINANCIAL STATEMENT AUDIT PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP). THE FORM 990 FILER IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE _LIFEBRIDGE_HEALTH_AUDIT_AND_COMPLIANCE_COMMITTEE_ASSUMES_RESPONSIBILITY___ FOR OVERSIGHT OF THE CONSOLIDATED FINANCIAL STATEMENT AUDIT AND SELECTION

OF AN INDEPENDENT ACCOUNTING FIRM.

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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2008

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Name of the organization Employer identification number GOVERNING BODY MEMBERS FORM 990, PART VI, LINES 6 AND 7 THE CORPORATION SHALL HAVE ONE MEMBER, LIFEBRIDGE HEALTH, INC., (THE "MEMBER") A MARYLAND NONSTOCK CORPORATION. THE CORPORATION'S BOARD OF DIRECTORS IS EMPOWERED TO MAKE AND ADOPT BYLAWS FOR MANAGEMENT, REGULATION, AND CONTROL OF THE AFFAIRS OF THE PROPERTY OF THE CORPORATION. SUCH BYLAWS MUST BE CONSISTENT WITH THE CHARTER AND WITH THE LAWS OF THE STATE OF MARYLAND. THE CHARTER MAY BE _ALTERED, AMENDED, OR REPEALED BY THE MEMBER UPON RECOMMENDATION OF THE CORPORATION'S BOARD OF DIRECTORS. REVIEW OF FORM 990 BY GOVERNING BODY AND COMMITTEES FORM 990, PART VI, LINE 10 _THE_LIFEBRIDGE_EXEMPT_ENTITIES_990'S_ARE_INITIALLY_REVIEWED_BY_THE____ <u>CORPORATE DIRECTOR OF FINANCE. IN ADDITION, AN INDEPENDENT ACCOUNTING</u> FIRM ALSO REVIEWS ALL THE 990 RETURNS. A FORMAL MEETING IS THEN SCHEDULED _WITH_THE_CHIEF_FINANCIAL_OFFICER, VICE_PRESIDENTS_OF_FINANCE_AND_GENERAL COUNSEL, CORPORATE CONTROLLER AND THE CORPORATE DIRECTOR OF FINANCE TO REVIEW IN THEIR ENTIRETY ALL THE LIFEBRIDGE EXEMPT ENTITIES 990'S. <u>MANAGEMENT THEN PROVIDES A COPY OF THE 990'S TO EACH INDIVIDUAL BOARD</u> DIRECTOR AT THE MEETING IMMEDIATELY PRIOR TO THE FILING DATE FOR REVIEW.

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Open to Public	

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

CONFLICT OF INTEREST POLICY
FORM 990, PART VI, LINE 12C
ALL DIRECTORS, OFFICERS, EMPLOYEES, MEDICAL STAFF MEMBERS, AND VOLUNTEERS
ARE EXPECTED TO RECOGNIZE AND DISCLOSE AT THE EARLIEST POSSIBLE TIME
ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. AN INDIVIDUAL IS CONSIDERED
TO HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF
THE INDIVIDUAL OR A FAMILY MEMBER OF THE INDIVIDUAL HAS A PERSONAL OR
FINANCIAL INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN
BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE HEALTH. ADDITIONAL INFORMATION
REGARDING WHAT CONSTITUTES A CONFLICT OF INTEREST AND HOW TO DISCLOSE A
CONFLICT IS CONTAINED IN THE INSTITUTIONAL CONFLICT OF INTEREST POLICIES
OUTLINED BELOW.
LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES,
LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES, MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE
MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE
MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN
MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED DIRECTORS
MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED DIRECTORS AND ABOVE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD
MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED DIRECTORS AND ABOVE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD MEMBERS. THE OFFICE OF THE GENERAL COUNSEL REVIEWS ALL RESPONSES AND
MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED. DIRECTORS AND ABOVE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD. MEMBERS. THE OFFICE OF THE GENERAL COUNSEL REVIEWS ALL RESPONSES AND DETERMINES WHETHER A POTENTIAL CONFLICT EXISTS. IF A CONFLICT IS
MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED DIRECTORS AND ABOVE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD MEMBERS. THE OFFICE OF THE GENERAL COUNSEL REVIEWS ALL RESPONSES AND DETERMINES WHETHER A POTENTIAL CONFLICT EXISTS. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM
MEDICAL STAFF, MEMBERS OF THE BOARD, AND THE EXECUTIVE STAFF TO DISCLOSE ANY ACTIVITIES THAT COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO THE EMPLOYEES TITLED. DIRECTORS AND ABOVE AND IT IS ALSO SENT TO ALL THE LIFEBRIDGE AND SUBSIDIARY BOARD. MEMBERS. THE OFFICE OF THE GENERAL COUNSEL REVIEWS ALL RESPONSES AND DETERMINES WHETHER A POTENTIAL CONFLICT EXISTS. IF A CONFLICT IS IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTIONS.

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
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Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

INTEREST THAT HAS THE POTENTIAL TO INFLUENCE THE ACTION TAKEN BY THE
INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES.
AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF
IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S
RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE
INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S MEDICAL
STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL IS
PERSONALLY INVOLVED IN A SUBSTANTIAL WAY (E.G., SERVES AS AN OFFICER OR
DIRECTOR) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT INTEREST IN
THE MATTER.
·
AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A
TRANSACTION IF THE INDIVIDUAL IS A PARTY TO THE TRANSACTION, OR IF THE
INDIVIDUAL HAS, DIRECTLY OR INDIRECTLY A CURRENT OR POTENTIAL OWNERSHIP
OR INVESTMENT INTEREST IN A PARTY TO THE TRANSACTION OR A CURRENT OR
POTENTIAL COMPENSATION ARRANGEMENT WITH A PARTY TO THE TRANSACTION.
A "COMPENSATION ARRANGEMENT" INCLUDES DIRECT AND INDIRECT REMUNERATION AS
WELL AS GIFTS OR FAVORS OF A SUBSTANTIAL NATURE.
AN INDIVIDUAL WILL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH
RESPECT TO A MATTER OR TRANSACTION IF A MEMBER OF THE INDIVIDUAL'S
IMMEDIATE FAMILY HAS SUCH A CONFLICT. FOR THESE PURPOSES, A "MEMBER" OF
AN INDIVIDUAL'S IMMEDIATE FAMILY" MEANS AN INDIVIDUAL'S SPOUSE, MOTHER,
FATHER, MOTHER-IN-LAW, FATHER-IN-LAW, GRANDFATHER, GRANDMOTHER, BROTHER,

Supplemental Information to Form 990

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Department of the Treasury Internal Revenue Service Name of the organization

SISTER, BROTHER-IN-LAW, SISTER-IN-LAW, SON, DAUGHTER, SON-IN-LAW, OR
DAUGHTER-IN-LAW. "STEP" RELATIONSHIPS (E.G., STEPCHILDREN AND
STEPPARENTS) WILL BE TREATED THE SAME AS BLOOD RELATIONSHIPS, EXCEPT AS
DETERMINED OTHERWISE IN A SPECIFIC CIRCUMSTANCE BY THE LIFEBRIDGE CEO OR
THE PRESIDENT OR DESIGNEE OF THE APPROPRIATE LIFEBRIDGE SUBSIDIARY.
ORDINARILY, OWNERSHIP OF LESS THAN 5% OF AN ENTITY DOES NOT CONSTITUTE AN
OWNERSHIP INTEREST FOR WHICH DISCLOSURE IS NEEDED.
CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR
SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER
DISSEMINATION IS NECESSARY. MEMBERS OF THE MEDICAL STAFF SHOULD REPORT
CONFLICTS TO THE CHIEF OF THEIR DEPARTMENT, AND MEMBERS OF THE BOARD
SHOULD REPORT THEM TO EITHER THE CHAIRMAN OF THE BOARD OR THE OFFICE OF
GENERAL COUNSEL. ONE OR MORE QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF
THE BOARD ON AN ANNUAL BASIS. IF QUESTIONS ARISE OR FURTHER GUIDANCE IS
SOUGHT, CONFLICTS SHOULD ALSO BE REPORTED TO THE INTEGRITY HOTLINE
(410-601-9700) OR OFFICE OF GENERAL COUNSEL (410-601-5129).
NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY
ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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20 08
 Open to Public

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION
FORM 990, PART VI, LINE 15A & 15B
EXECUTIVE COMPENSATION AT LIFEBRIDGE HEALTH IS OVERSEEN BY THE
COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. COMMITTEE MEMBERS MAY
NOT HAVE ANY FINANCIAL TIES TO THE ORGANIZATION AND MUST BE BOARD MEMBERS
OF LIFEBRIDGE HEALTH OR A LIFEBRIDGE HOSPITAL. THE CHAIR OF THE
LIFEBRIDGE HEALTH BOARD OF DIRECTORS SERVES AS COMMITTEE CHAIR. THE
COMMITTEE PROVIDES A REPORT OF ITS ACTIVITIES TO THE FULL BOARD OF
DIRECTORS AT LEAST ANNUALLY.
COMPENSATION PACKAGES HAVE BEEN DESIGNED TO ATTRACT AND RETAIN SKILLED
AND EXPERIENCED EXECUTIVES AND TO INCENTIVIZE THEM TO WORK TOWARD KEY
STRATEGIC OBJECTIVES. THE COMMITTEE EMPLOYS INDEPENDENT CONSULTANTS TO
ENSURE THAT COMPENSATION LEVELS ARE CONSISTENT WITH MARKET NORMS.
GREATEST EMPHASIS IS PLACED UPON DATA FROM HEALTHCARE ORGANIZATIONS OF
COMPARABLE SIZE AND ORGANIZATIONAL COMPLEXITY IN THE MID-ATLANTIC REGION.
ALL EXECUTIVE INCENTIVE AND BENEFIT PROGRAMS ARE ESTABLISHED BY THE
COMPENSATION COMMITTEE, AS IS THE BASE SALARY OF THE CHIEF EXECUTIVE
OFFICER AND ALL SENIOR VICE PRESIDENTS. BASE SALARIES OF OTHER
EXECUTIVES ARE SET BY THEIR RESPECTIVE SUPERVISORS, IN ACCORDANCE WITH
GUIDELINES ESTABLISHED BY THE COMMITTEE AND SUBJECT TO THE COMMITTEE'S

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

<u>A SUBSTANTIAL PORTION OF ALL EXECUTIVES' TOTAL COMPENSATION IS CONTINGENT</u> UPON THE ACHIEVEMENT OF BOTH SYSTEM-WIDE AND INDIVIDUAL OBJECTIVES. EACH YEAR'S SYSTEM-WIDE OBJECTIVES ARE APPROVED BY THE COMPENSATION COMMITTEE AND TYPICALLY INCLUDE BOTH FINANCIAL AND NONFINANCIAL GOALS. A GROUP OF SENIOR EXECUTIVES IS ALSO ELIGIBLE TO PARTICIPATE IN A LONG-TERM PAY-FOR-PERFORMANCE PROGRAM. GOALS FOR THIS PROGRAM ARE ESTABLISHED BY THE COMPENSATION COMMITTEE IN THREE-YEAR CYCLES AND ARE RELATED TO THE ORGANIZATION'S LONG-TERM MISSION AND STRATEGIC DIRECTION. AN EXECUTIVE <u> WHO FAILS TO ACHIEVE THE OBJECTIVES ESTABLISHED FOR THE INCENTIVE</u> PROGRAMS WILL EARN BELOW MARKET LEVELS; CONVERSELY, THE ATTAINMENT OF EXTRAORDINARY RESULTS WILL BE REWARDED BY ABOVE-AVERAGE COMPENSATION. GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT POLICY FORM 990, PART VI, LINE 19 IT IS THE POLICY OF LIFEBRIDGE HEALTH INC. AND ITS SUBSIDIARIES TO MAKE AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS TO THE GENERAL PUBLIC. THE LIFEBRIDGE HEALTH INC. AND SUBSIDIARY GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST OR VIA A WEBSITE. THE CONFLICT OF INTEREST POLICY IS INCLUDED ON SCHEDULE O.

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OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization	Employer identification number
	· · · · · · · · · · · · · · · · · · ·
BOARD OF DIRECTORS ADDRESSES	
FORM 990, PART VI, LINE 13	
:	
ALL OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES LISTE	<u>DIN</u>
PART VII, SECTION A, CAN BE REACHED AT THE ORGANIZATION'S MAILING	3
ADDRESS:	
CHILDREN'S HOSPITAL OF BALTIMORE CITY, INC	
2401 WEST BELVEDERE AVENUE	
BALTIMORE, MD 21215	
·	

Related Organizations and Unrelated Partnerships

20**08**

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

➤ See separate instructions. Inspection

Employer identification number

52-0591592 CHILDREN'S HOSPITAL OF BALTIMORE CITY, INC Part I Identification of Disregarded Entities (F) Direct controlling entity (E) End-of-year assels (A) Name, address, and EIN of disregarded entity (B) (C) Legal domicile (state or foreign country) (D) Total income Primary activity PartII Identification of Related Tax-Exempt Organizations (F) Direct controlling entity (A)
Name, address, and EIN of related organization (B) Primary activity (C) Legal domicile (state or foreign country)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

JSA 8E 1307 1,000

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportorists atticestoris?		Disproportoriste		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar	(J) neral or naging rtner?
							Yes	No		Yes	No		
			1										

FartIV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization .	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
LIFEBRIDGE INVESTMENTS INC 52-1483166							
2401 WEST BEVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	LBH	C CORP			
HEALTHSTAR MEDICAL SERVICES INC 52-1829098							
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD .	LBH	C CORP			
PRACTICE DYNAMICS INC 52-1960319							
124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136	HEALTHCARE	MD	LBH	C CORP			1
SURGICAL ONCOLOGY ASSOCIATES INC 52-1804659							
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HEALTHCARE	MD	LBH	C CORP			
LIFEBRIDGE INSUPANCE COMPANY LTD 98-0415396							
PO BOX 1109 KY1-1102 GRAND CAYMAN, CAYMAN ISLANDS	INVESTMENTS	CJ	LBH	C CORP			

Pa	Transactions With Related Organizations		***************************************			
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV.			1	Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed	in Parts II-IV?				Mil
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		Х
b	Gift, grant, or capital contribution to other organization(s)			1b		Х
С	Gift, grant, or capital contribution from other organization(s)			1c		х
d	Loans or loan guarantees to or for other organization(s)			1d		Х
е	Loans or loan guarantees by other organization(s)			1e		Х
	·					
f	Sale of assets to other organization(s)			1f		Х
g	Purchase of assets from other organization(s)			1g		х
h	Exchange of assets			1h		Х
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		Х
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		х
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		Х
- 1	Performance of services or membership or fundraising solicitations by other organization(s)			11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets			1 m		Х
n	Sharing of paid employees			1n		Х
				202	153	
0	Reimbursement paid to other organization for expenses			10		Х
р	Reimbursement paid by other organization for expenses			1p		<u>X</u>
						113
q	Other transfer of cash or property to other organization(s)			1 g		Х
<u>r</u>	Other transfer of cash or property from other organization(s)			1r		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered					
	(A) Name of other organization(s)	(B) Transaction	Amount	involved	ł	
		type (a-r)				
(1)						
7.7						
(2)						
3-7			***************************************			
(3)						
7-7						
(4)						
(5)		•				
(6)						

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		and-at-year	Dispro	(F) portionate ations?	(G) Code V-U8I amount in box 20 of Schedule K-1 (Form 1065)	Ge mi	(H) neral or snaging artner?
			Yes	No		Yes	No	(i dini reda)	Yes	No
										Γ
								,		
								, , , ,		
	L			L		<u> </u>	L			

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501 (c)(3))	(F) Direct controlling entity
LIFEBRIDGE HEALTH INC 52-1402373					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	PARENT	MD	501 C 3	11B	LBH
SINAI HOSPITAL OF BALTIMORE INC 52-0486540				İ	
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	HOSPITAL	MD	501 C 3	3	LBH
NORTHWEST HOSPITAL CENTER INC 52-1372665					
5401 OLD COURT ROAD RANDALLSTOWN, MD 21133	HOSPITAL	MD	501 C 3	3	LBH
LEVINDALE HEBREW GERIATRIC CTR HOSPITAL 52-0607913					
2434 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	SPEC HOSP	MD	501 C 3	3	LBH
COURTLAND GARDENS NURSING AND REHAB CTR 52-0607907	,				
7920 SCOTTS LEVEL ROAD BALTIMORE, MD 21208	SKILL NURSIN	MD	501 C 3	9	LBH
THE BALTIMORE JEWISH HEALTH FNDTN INC. 52-2111541					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENTS	MD	501 C 3	11B	LBH
CHILDREN'S HOSPITAL AT SINAI FOUNDATION 52-2167587					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENTS	MD	501 C 3	11B	LBH
THE BALTIMORE JEWISH ELDERCARE FNDTN 52-2337669					
2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENTS	MD	501 C 3	11B	LBH

Part III Continuation of Id	entification of Re	elated O	rganizations Ta	xable as a Partners	hip					- 1	Page 3
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	Disprop	i) ortaula stors?	(I) Code V-UBI amount on box 20 of K-1	Gen	(J) reral or naging rtner?
							Yes	No		Yes	No
		Market Inc.									
						····					
						MANAGE TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF			NAVARA SALADO NA		
			-								

PartIV Continuation of Identification of Related Or	rganizations Tax	able as a Corp	oration or Trus	st			
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assels	(H) Percentage ownership
	-						

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)		
(A) Name of other organization	(B) Transaction type (a-t)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
{22}		
(23)		
(24)		

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CHILDREN'S HOSPITAL OF BALTIMORE CITY, INC. IS AN ORGANIZATION THAT IS NOT CONTROLLED BY ANY DISQUALIFIED PERSONS AND SUPPORTS SINAI HOSPITAL OF BALTIMORE, INC. SINAI HOSPITAL OF BALTIMORE INC. IS A HOSPITAL THAT QUALIFIES FOR EXEMPTION UNDER CODE SECTION 170(B)(I)(A)(III). CHILDREN'S HOSPITAL OF BALTIMORE CITY, INC. SUPPORTS QUALIFIED ORGANIZATIONS SATISFYING THE REQUIREMENTS UNDER CODE SECTION 509(A)(3). THEREFORE, PURSUANT TO SECTION 501(C)(3) & 509(A)(3) CHILDREN'S HOSPITAL OF BALTIMORE CITY, INC. QUALIFIES AS A TAX EXEMPT ORGANIZATION. PRIOR TO MAY 1999, CHILDREN'S HOSPITAL OF BALTIMORE CITY, INC. OPERATED A HOSPITAL AND DIRECTLY PROVIDED OTHER HEALTH CARE SERVICES.

SCHEDULE A,	PART	Ι	-	INFORMATION	ABOUT	SUPPORTED	ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
SINAI HOSPITAL OF BALTIMORE, INC	52-0486540	03	Х			
TOTAL AMOUNT OF SUPPORT						MEN THE AND AND THE THE REP CHIC AND THE COT WAS USE OF